

Health Care Outreach & Enrollment Steering Committee Minutes April 14, 2007

Susan Besio opened the meeting, and introduced Kevin Veller as the new Catamount Outreach and Enrollment Director. Kevin will chair the committee which will function as advisors on overall marketing and outreach efforts.

Goal set by the legislature: 96% of Vermonters have health insurance by 2010

Goal of Committee: Over the course of our outreach and enrollment activities, work with the state and the contracted marketing firm to implement an integrated strategy to:

- Develop a broad-based campaign on why coverage is important
- Get people enrolled in health insurance
- Convince employers and individuals not to drop their health insurance
- Roll out Catamount Health and the premium assistance program
- Roll out Employer Sponsored Insurance (ESI)
- Encourage people currently eligible for state programs to enroll
- Use this opportunity to retool eligibility, enrollment and outreach of Medicaid, VHAP and Dr. Dynasaur.

Clarification on number of Vermonters newly covered by 2010:

Act 191 sets target of 96% insurance coverage by 2010. The Administration and Joint Fiscal Office (JFO) developed a consensus update of the numbers based on BISHCA survey data that estimates getting **17,030** new people insured under the current programs being developed. This assumes currently insured stay insured

Marketing Firms: We've received proposals from:

- GMMB
- Marketing Partners/ JSI Research & Training Institute
- MSI/Maximus
- Storeymanseau

All four proposals meet the minimum requirements. The evaluation team will meet 3/20 and 3/27 to select the vendor.

Susan Besio	voting member
Betsy Forest	voting member
Kevin Veller	voting member
Stephanie Beck	voting member
Mary Day	Support / no vote - providing data support

Deb Stempel Support / no vote – providing contracting support
Joshua Slen Support / no vote
Christine Oliver, BISHCA Voting member
Garry Schaedel, VDH Voting member
Les Birnbaum, DCF Voting member

The committee stressed the importance of addressing the health literacy levels of our markets; using social marketing techniques; evaluating the outcome of the firms' previous work and understanding of the Vermont market.

Kevin will meet with BCBS's and MVP's marketing people to start coordinating with their efforts.

New Ways of Capturing the Uninsured:

We will explore the legality and effectiveness of reaching potentially eligible people through non-traditional outlets like accountants, the tax department and other non-obvious conduits. We could ask individuals identified through these methods if they wish to be contacted by the State to explore whether or not they are eligible.

Retooling Existing Programs:

Current coverage options are broad and complex with extensive application processes ranging from 8-20 pgs. Catamount and ESI add levels of complexity yet our aim is to simplify the process and make it more consumer-friendly.

Discussion ensued around developing a few high level screening questions like, *"Have you been uninsured during the previous 12 month?"* which would lead the applicant only to additional questions relevant to their situation.

A "Form Sub-Committee" will be formed to address the above.

IT Vision to Simplify Enrollment:

Our vision is staggered into three phases for a variety of reasons. The current IT support system is over 24 years old and IT expenditures will require approval and financial match from the Centers of Medicare and Medicaid Services (CMS). As a reference point Massachusetts took three years to develop its web-based application process.

Presumptive Eligibility for Benefits: Only 10 states have done presumptive eligibility in 10 years, and only for pregnant women and children. It's problematic when one is presumed eligible and then later determined not to be. It creates frustration at best and at worse an unwillingness to consider state benefits again in the future. Additionally the state is on the hook for services rendered during

the period of presumed eligibility if the person is later determined not to be eligible and those services would not be eligible for federal match.

Retroactive Eligibility for Benefits: As an alternative, we are proposing to institute a system for VHAP such that if someone is deemed eligible for VHAP, their eligibility will be retroactive to the date of application.

Tracking Enrollment Interest and Success: We need to track:

- How the applicant learns the various programs (Catamount, ESI, Premium Assistance, VHAP, Medicaid, etc.)
- When they inquire about the above
- When they get the application
- When they submit the application

If they don't apply, when should the state follow up with them? The RWJ *Covering Kids Campaign* used strategies around coding applications.

Budget: 07 Governor's budget has \$3M for marketing, field employees, retooling and the web. The 08 budget has \$1.3M. March 12 we learned that our proposal to RWJ did not receive funding. They received 14,000 requests and funded only 300. The Governor's budget will most likely be sufficient to cover our needs.

Broad Awareness Campaign is needed and will involve all those on the Steering Committee as well as others. Kevin will contact VT Business Roundtable, The Lake Champlain Regional Chamber and the State Chamber to join our Steering Committee.

Steering Committee members articulated their activities as follows:

AARP: Jennifer Wallace-Brodeur reported that AARP has money in its state budget to do outreach & enrollment as well as a cadre of volunteers available to help people enroll. We need to determine who trains them and how they do it. They want an enrollment guide by summer. VT AARP is also requesting money from national to:

- Provide research
- Develop an overall message that health insurance coverage is important
- Focus on the uninsured 50 – 64 year olds
- Encourage members to talk to their children about health ins. coverage
- Provide direct mail and ads
- Develop enrollment guide for physicians and hospitals to explain programs
- Develop brochures for pharmacies
- Work with volunteers for the Vermont Campaign for Health Care Security recruitment drive (new 501©(3) comprised of AARP and others).

VPIRG: Jakki Flanagan reported that VPIRG is updating members through its newsletters and emails. They also run a summer door to door campaign conducted by college students. Jakki is working with Betsy and Les to design and implement the premium assistance programs. VPIRG is also a part of the Vermont Campaign for Health Care Security (VCHCS).

Vermont Campaign for Health Care Security: Peter Sterling reported that this newly formed 501 ©(3) has 21 organizations focused on outreach and enrollment. They are pursuing foundation support to hire eight outreach workers statewide and feel the need for universal curriculum. One of its members is the National Education Association. The NEA can assist in reaching schools, social workers and loggers to name a few.

MVP: Ron Vance and Cody Shaw reported that it's early in the planning and development process. MVP is interested in how the interface will work between MVP and the State. For example a single enrollment form as a first tear approach might make sense. They are already doing media buys from mid-August through September for the 10/1 start date. A high-level message is needed along the lines of, *"All Vermont need insurance and employers don't drop what you have."* MVP can market to employer groups but needs to be part of the overall marketing plan.

Blue Cross Blue Shield: Kevin Goddard reported that BCBS is focused on operations and the interface with Catamount. They are willing to interface with the State's marketing efforts. Typically BCBS doesn't market a product. This is new. Ideally a web-based tool would be linked to the insurers.

BCBS and MVP should have phone and electronic transfers because people will call the insurers but in the end may qualify for Catamount Health Premium Assistance or a state-funded program.

Employer Sponsored Insurance (ESI): Betsy Forrest is the lead at the Office of Vermont Health Access (OVHA) on ESI. She is working closely with the Department of Children and Families (DCF) to operationalize details on eligibility.

Office of Health Care Ombudsman: Amy Goldstein reported that the HCO staff advocates for individual with health care and health insurance issues. They also track and study trends in health care. The public reaches them through a 1-800 number.

AHS Communications: Heidi Tringe is the Communications Director for the Agency of Human Services and will assist us in coordinating messages.

Department of Children & Families: Les Birnbaum is working on the premium assistance aspect of ESI and the federal Medicaid requirements.

VT Department of Health (VDH): Garry Schaedel oversees the Early Periodic Diagnostic Screening & Treatment Program (EPDST) which is a federal mandate that all children on Medicaid ages birth -20 receive a full scope of preventive, restorative, diagnostic and treatment services. The VDH contracts with nearly all school supervisory unions in Vermont. Schools ask families at the start of the school year (through the Emergency Contact Form) if the child has health insurance. If the child does not, ideally the school nurse follows up by calling the family. Schools are reimbursed for assisting children and their families to obtain health insurance. Schools report this information once per year via the Dept of Ed School Nurse Report.

Health Care Administration (HCA): Paula DiStabile reported that their role is to approve the insurance products. They also have a hot line for consumers; they don't provide face-to-face service. They need a script for the front line phone staff. Susan noted that the State has developed a high-level script for state staff which follows on next page.

Leg Counsel: Jim Hester added that now is the time to make legislative fixes to existing barriers before adjourning in May. Over the summer and fall we can work on longer term goals.

Bi-state Primary Care Association: Marc Comtois reported that members include all the Federally Qualified Health Centers, (FQHC), the FQHC Look-Alikes, the Coalition of Clinics for the Uninsured and some of the Rural Health Clinics. Their members are already doing outreach to those at 200% of poverty to enroll them in Medicaid and are very invested in working collaboratively on the upcoming efforts.

Other: Our group needs a detailed GANTT chart that organizes the multitude of outreach activities. It was noted that this is the first deliverable for the marketing firm.

Health Care Reform website: www.HCR.vt.gov

High-level script for state staff

CATAMOUNT HEALTH AND PREMIUM ASSISTANCE PROGRAMS

Catamount Health Plan

Catamount Health is a new health insurance plan that will be available on October 1, 2007 for eligible Vermonters. This health insurance plan is designed to offer comprehensive and affordable benefits. You also may qualify for financial assistance to purchase the Catamount Health Plan. It is expected that Catamount Health policies will be offered by Blue Cross Blue Shield of Vermont, MVP Health Plan.

Who can enroll in Catamount Health?

To be able to purchase a Catamount Health Insurance Plan, you must meet all of the following criteria:

- You are a Vermont resident who is 18 years or older
- You currently are not eligible for a public insurance program (Medicaid, VHAP, Medicare)
- You have been uninsured for at least 12 months (with some exceptions),
- You do not have access to insurance through your employer (with some exceptions)

Benefits

Catamount Health Plans have comprehensive coverage, including:

- Primary care
- Preventive care
- Acute episodic care
- Hospital services
- Chronic care management
- Medications

Catamount Health Plans also will have low cost-sharing to make out-of-pocket expenses affordable:

Catamount Health Premium Assistance Program

How much will Catamount Health cost?

The cost of Catamount Health will depend on your income and which insurer you sign up with. For the least expensive plan, it is estimated that the monthly premium for Catamount Health will be \$360.00 per month. The actual cost will be finalized in the spring of 2007.

However, if you or your family's income is below 300% of the federal poverty level, you may qualify for premium assistance that would substantially reduce this cost:

Income by federal poverty level	Income in dollars per month for one person	Monthly Premium cost
Below 200% FPL	Less than \$1702	\$60.00
200-225%	\$1702 to \$1914	\$90.00
225-250%	\$1915 to \$2127	\$110.00
250-275%	\$2128 to \$2339	\$125.00
275-300%	\$2340 to \$2553	\$135.00
Over 300%	More than \$2553	Full cost, estimated at \$360.00

What are the benefits under Catamount Health?

Cost-Sharing Information	
Deductibles	<p>In-Network: \$250.00/individual \$500.00/family</p> <p>Out-of-Network: \$500.00/individual \$1,000.00/family</p>
Co-insurance	20%
Co-payment	\$10.00 office visit
Prescription Drug Coverage	<p>No deductible</p> <p>Co-payments: \$10.00 generic drugs \$30.00 drugs on the preferred drug list \$50.00 non-preferred drugs</p>
Out-of-pocket Maximum (does not include premium payments; includes deductibles, co-insurance, and co-payments)	<p>In-Network: \$800.00/individual \$1,600.00/family</p> <p>Out-of-Network: \$1,500.00/individual \$3,000.00/family</p>
Preventive Care	<p>\$0.</p> <p>Not subject to deductible, co-insurance, and co-payments.</p>
Chronic Care	\$0 for individuals enrolled in the chronic care management program; otherwise, subject to the above amounts.

Catamount Health Premium Assistance Eligibility

Am I eligible for Catamount Health premium assistance?

The state will provide you with financial assistance to help pay for the monthly premium for Catamount Health if:

Your household income is under 300% FPL, *AND* you meet **one** of the following conditions:

- You do not have access to affordable and comprehensive insurance through an employer, *OR*
- Your employer's plan does have comprehensive benefits, but it costs the state less to give you premium assistance for you to enroll in a Catamount Health Plan than providing Employer-Sponsored Insurance (ESI) premium assistance if you enroll in your employer's plan, *OR*
- You are waiting for the open enrollment period to enroll in your employer's plan

Employer-Sponsored Insurance (ESI) Premium Assistance Program

Beginning in October, 2007 the state may provide you with financial assistance to help pay for the monthly premiums associated with the insurance plan offered by your employer. To receive this assistance, you must either be currently eligible for the state VHAP program or you must have a household income under 300% of the federal poverty level.

Employer-Sponsored Insurance (ESI) Premium Assistance Eligibility

The state will provide you with financial assistance to help pay for the monthly premium of your employer's insurance plan if you meet **all** of the following conditions:

- Your household income is under 300% of the federal poverty level (see chart above), *AND*
- Your employer's plan has comprehensive benefits, *AND*
- It costs the state less to give you premium assistance for you to enroll in your employer's plan than providing you with premium assistance to enroll in a Catamount Health Plan

The state will develop a process to review employer insurance plan information before the premium assistance program begins on October 1, 2007.

Interested in Enrolling in Catamount Health or ESI premium assistance?

The new **Catamount Health Plans** and premium assistance programs will be available October 1, 2007, so enrollment for this plan will not occur until then.

If you would like us to send you information once the enrollment process is available, please send your name and address to:

Health Care Reform
Office of the Secretary
Agency of Administration
109 State Street
Montpelier, VT 05609-0201

or email: soa@state.vt.us

You may be eligible for Medicaid, VHAP or Dr. Dynasaur right now! Call 1-800-250-8427 to find out more information about these public insurance programs.